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AUTHOR Jackson, Gerald G.
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ABSTRACT

A preliminary step toward the establishment of a mental health system in the United States that is congruent with the socio-cultural circumstances of Afro-Americans calls for an analysis of the relevance of behavior therapy to the Afro-American community. Considerable attention and analysis is given to the socio-cultural antecedents that interact to produce a set of reactions by the Afro-American community to behavior therapy and the possible relationship between specific socio-cultural factors and the effective practice of behavior therapy. The two systems are not antithetical but are congruent in a number of areas. Multimodal behavior therapy is recommended as the framework of choice. Behavior therapy can be viewed as an approach that is in keeping with the holistic and spiritual dimension of Afro-American culture. Its effective use in the Afro-American community is the consequence of a recognition by behavior therapy of the influence of the American ethos on its conceptualization and practice. Acceptance of behavior therapy by the Afro-American community is contingent upon the behavior of behavior therapists and not their theoretical proclamations. (Author)

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Community Mental Health, Behavior Therapy, And The Afro-American Community

Gerald Gregory Jackson

Behavioral Science Department

Essex County College

Newark, New Jersey 07102

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Community Mental Health, Behavior Therapy, And The Afro-American Community

Behavior therapy is a relatively new system of therapeutic treatment, and akin to any system that appears to be capable of uprooting the existing structure, it has received a considerable amount of scrutiny and criticism. In addition to the typical concerns with behavior therapy, of late a new variant of consideration has emerged, one which introduces in a number of distinct ways, the dormant issues of race and culture. For example, Portes (1971) charged that behavior therapy awaits validation across cultural lines, and Franks (1969) indicated that culture played a crucial role in the conceptualization and implementation of behavior therapy. Corroborating their ideas, Goldstein (1974) reported that shaping contingencies could not be established independently of the cultural milieu in which behavior therapy was used, and L'Abate (1969) added elsewhere that behavior modifiers neglected to consider the entire situation in which a behavior was observed. In his opinion, their assessment process did not entail a search for clues in terms of such variables as socioeconomic background and intelligence.

Germane to the issue of culture, Cobb (1974) charged that behavior modification was detrimental to Afro-Americans, and Bardo, Bryson, Scott and Black (1973) declared that either more minority students be trained in behavior modification principles or that a moratorium be called against the use of behavior modification techniques with Afro-Americans where there is no Afro-American professional input. Elsewhere, however, I (Jackson, G., 1976a), noted that with the exception of a few papers on the subject of the Afro-American community and behavior therapy (e.g., Bardo, Bryson & Cody, 1974; Wilson, W. & Calhoun, 1974), "the concerns of black professionals have lacked theoretical specificity and consequently convey the notion that the baby should be discarded along with the bath water" (p. 362). Specifically, missing

from their concerns and other commentaries that suggest that behavior therapy is not viewed in a totally positive light by the Afro-American community (e.g., Banks, , 1972; Bardo, Bryson & Cody, 1974; Burnham, 1975; Cobb, 1974; Henderson, 1973; Wilson & Calhoun, 1974), is a detailed look at Afro-American culture for, it is hypothesized, without such an injection into the discussion the concerns expressed by Cobb and Bardo et. al. could, on a superficial level of analysis, be interpreted as a case of paranoia, and could thwart the examination of a system of therapy that has many redeeming qualities. Furthermore, if one includes, it is postulated, the Afro-American experience in a consideration of behavior therapy, not only will the concerns expressed by the Afro-American community appear less paranoid but a perspective becomes clearer from which to base the use of behavior therapy techniques. In line, then, with a basic desire to unearth and delineate the Afro-American perspective (cf. Jackson, G., 1976b, 1976c, 1977a), consideration will be given to the social and cultural antecedents of Afro-American behavior. For example, evidence has been amassed elsewhere to show that a West African cultural referent is central to the treatment of Afro-Americans with mental health problems (Jackson, G., 1976b), and others have proposed that this source may serve also as a model of mental health (Nobles, 1976a; Luther X (Weems), 1974; Toldson & Pasteur, 1976). In the words of Alfred Cannon (1977):

> A Diasporan must have a weltanschauung and this must be in relation to the ancestral core for depth and consistency. Black Americans have little depth or consistency because their "cores" are of an ersatz nature. The rejection of their African heritage because of the slave experience and certain other negative socialization techniques has robbed them of their essentiality and made blacks existentially vulnerable (p. 209).

In a similar vein, Mildred Cannon and Locke (1977) commented that racism "is a stimulus which by its very nature is almost certain to elicit adaptive behavioral patterns" (p. 425). Both outlooks, it will be seen, have largely escaped the purview of mental health professionals and both, it will be seen, are essential ingredients of a mental health system for Afro-Americans.

Basic Assumptions Of The Afro-behavioral Outlook

It has been hypothesized, for instance, that the stages leading to the actualization of Afro-Americans as persons are comparatively different from that of Euro-Americans (Cross ., 1971) and are predicated upon an African ethos (Jackson, G., 1976b; Nobles, 1976a). Understanding the characteristics of each stage, it is postulated, may assist in the determination of what constitutes a maladaptive behavior and also may be a basis for the determination of the salience of differences and similarities in the variables of race, sex and age (e.g., Jackson, G., 1977b). In addition, a knowledge of these behavioral stages may also be a better clinical model than either the postulate that dichotomizes a "white" and "black" side to Afro-Americans (e.g., Mitchell, 1971) or the more traditional posture of a "white ego ideal" (e.g., Kennedy, 1952). A basic assumption of this paper, therefore, is that in order to understand the reluctance of some to embrace behavior therapy, even though it can be shown to be tailored to a variety of Afro-American needs (e.g., Drakulich, Kirschner & Jackson, 1973; Jackson, G., 1976a), one has to be knowledgeable of the Afro-American experience and its resultant subculture. For example, it has been suggested that behavior therapists may fail in therapeutic ventures with Afro-Americans for similar reasons to those found in traditional psychotherapy: that is, because of incongruent expectations about the outcome of therapy, transference and countertransference problems, and differences in communication systems and values (Wilson, W. &

Calhoun, 1974). Similarly, recommendations to behavior therapists are also surprisingly equivalent to a number of recommendations made to traditional psychotherapists. They have been instructed to concern themselves with the establishment of a warm, trusting relationship, to become aware of the problems in treating minority clients, and to be cautious of their assessment and treatment decisions. It has been indicated too that they should gain more experience in dealing with minority clients through exposure to their environment, or, more specifically, by involvement in community and social programs. In short, therapeutic effectiveness has been related to the race of the therapist and the therapist's knowledge of Afro-American culture; however, there has been little examination of the theoretical and clinical ramifications of these differences. O'Leary and Wilson (1975), for example, in their consideration of the subject of the "Similarity of therapist and client", within a behavior therapy framework, made the dichotomous variable of sex synonymous with the attributable variable of race. While they are not alone in this practice, the thrust of this paper is not to level potentially meaningful differences between people but to acknowledge, where some evidence indicates, their clinical importance. Implicit in this assertion is a pluralistic view of American society in which differences are neither minimized nor viewed in the negative (e.g., Jackson, G., 1976d, 1977b).

Ideally, an examination of the sort proposed here is facilitated by the existence of genuine dichotomies; however, demarcations are not that lucid with respect either to behavior therapy or the Afro-American community. To illustrate, a basic definition of the field of behavior therapy, which is fundamental to any study of such a system, has been marred by theoretical and jurisdictional conflicts within the movement and challenges, along

philosophical and humanistic lines, from without. Adherents, on the one hand, have been cautioned against misusing terms (Braff, 1973), deviating from standard practices (Gordon, 1971), and using the differences between techniques as a justification for referring to the system as "behavior therapies" (Wilson & Evans, 1967). In addition, there are marked differences emanating from an operant definition of behavior therapy and a classical conditioning conceptualization (Grossberg, 1964) and between the viewpoints of behavior therapy espoused by Arnold Lazarus (1977) and that of Joseph Wolpe (1976a, 1976b). Opponents, on the other hand, vary in the kinds of charges they make; some see the techniques associated with behavior therapy as useful adjuncts to psychodynamic formulations (Truax, 1966), while others view the techniques as impractical in general (Portes, 1971), and some of them as unethical in particular (Cahoon, 1968; Robinson, 1973). In terms of a definitive analysis of behavior therapy then, this examination is limited by the facts that: (1) criteria for designation as a behavior therapist are not firmly established (Lazarus & Wilson, 1976); (2) discussion of practical problems in therapy are heavily laden with political rather than scientific considerations (cf. London, 1972); and (3) distinctions between behavior therapy and other forms of treatment are frequently conceptual rather than practical. Despite a somewhat amorphous status on the practice of behavior therapy, enough consistency exists to propose restraints and Lazarus (1977) felt that a sufficient theme existed among behavior therapists to define the field thusly: "We place great value on meticulous observation, careful testing of hypotheses, and continual self-correction on the basis of empirically derived data" (p. 550). With the preceding qualifications in mind, then, both behavior therapy and the Afro-American community will be examined as a whole.

Behavior Therapy In Cultural Context

The scope of this paper is captured in the following statement by Franks (1969), who is regarded as one of the spokesmen of the field of behavior therapy:

> neither theories nor individuals can be meaningfully divorced from the cultures from which they emerge. It is therefore necessary to take into consideration the Weltanschauung, the political, social, and philosophical premises of a society, in any appraisal of the behavior therapy scene within that setting...It is quite conceivable that, in some societies, competitiveness, aggressive individualism, and the profit motive would be viewed as personally and socially undesirable...Regardless of any obvious similarities or differences in training, different societies, and even different subcultures within the societies, are likely to influence behavior therapists within the societies differently. Hence there are implicit philosophical and attitudinal differences, and the explicit choice of technique varies in accordance with the society wherein the therapist has his practice (pp. 20-21).

In keeping with Franks' global outlook, the first major area of consideration will be the socio-cultural factors that shape the behavior of Afro-Americans. Implicit in this discussion is the belief that behavior therapy will be an aid to the Afro-American community to the degree that it recognizes the influence of American culture on the ascendancy and scope of behavior therapy. For example, John Williams (1977) observed:

> The cognitive learning trend in psychotherapy (...) may

> be better considered a reactionary throwback to the more traditional in psychology than a "revolution" (...). It is understandable that this retrenchment should occur, given our long cultural heritage and associated verbal behavior which places man at the center of his world. Many colleagues within psychology will be comforted by this trend both because they share this heritage and because they find cognitive models compatible with their own theoretical language systems...
>
> ...the main point I would like to make is in reference to possible broader implications of the rise of cognitive behaviorism. The over-all course of science has led to the decentering of man's position in the universe. While proponents of cognitive theories would likely deny that their perspective necessitate a view that places humans apart from and above the rest of nature, there is a clear possibility that such theories will perpetuate the dualistic reification of human consciousness and other covert activities as separate and distinct from overt behavior (p. 895).

The observation by Williams highlights a dimension of behavior therapy that has been granted far too little analysis, and this level of comprehension is felt to be a prerequisite to meaningful work in the Afro-American community. Viewed somewhat differently, Mahoney (1977) noted: "In exploring a client's belief one often touches on at least three different realms: ontology (the way things are), axiology (the way they should be) and epistemology (the way I know) (p. 12), " and on each of these three points Afro-Americans have been found to be markedly different from Euro-Americans

(Dixon, 1976; Mayers, 1976; Nobles, 1976b). Why Afro-Americans differ measurably from Euro-Americans, despite years of cohabitation in the United States is the focus of the ensuing discussion and is guided, it might be added, by a cultural rather than a racial outlook. For example, in an article dealing with the question of whether or not "blackness" is detrimental to one's mental health, Mildred Cannon and Locke (1977) concluded that it was not. In the opinion of the authors, "stressful social conditions which come about as a result of blackness such as experiences of loss or failure, denial of respect, ordinary dignity and courtesy, being viewed as inferior, along with other effects of racism are what contribute to the high prevalence of mental disorders among blacks and not the amount of melanin in their skin" (p. 427). In line with this cultural thesis, it is advanced that Afro-Americans have not succeeded to the extent of Euro-Americans in reaping the benefits of the American economy because the reinforcements in the capitalistic socio-economic structure are designed in such a culturally distinct way that the traditional avenues of achievement become remote for practicing Afro-Americans, and what is meant by "practicing" will be revealed by the following discussion.

Socio-cultural Antecedents Of The Afro-American Community

The first step to an understanding of Afro-Americans, and their potential treatment within a behavior therapy model, is to establish a baseline of their behavior. For example, Throne (1972) attempted to explicate "Black-White" relationships in an operant conditioning scheme; however, his construct suffered from a limited view of the contingencies operating upon Afro-Americans. In many ways, Poussaint and Atkinson (1970) added the missing component to Throne's approach by acknowledging the ever present threat placed upon Afro-Americans to conform to an image of docility and ignorance; however, as it

will be seen, they overlooked the importance of the antecedent culture of Afro-Americans as a foundation to their contemporary behavioral patterns. To Poussaint and Atkinson, nevertheless, much of the behavior of Afro-Americans can be explained in the following terms, that can easily by interpreted from an operant conditioning paradigm:

> THE REWARDS which the institutions of this society offer to those whose behavior meets their approval or is "successful" consist of money, prestige, power, respect, acclamation, and love, with increasing amount of each of these being extended for increasingly "successful" behavior. The individual is socialized to know that these will be his if he performs according to expectations. Hence, these rewards act as external motivators of behavior. Blacks have learned of the existence of these rewards. They have also learned, however, that behavior for which whites reap these rewards does not result in the same consequences for them. In the various institutional areas of society, blacks are often rewarded differentially from whites for the same behavior - if they are rewarded at all. How then can such a highly capricious system motivate their behavior (p. 49).

The antecedent to specific acts of discrimination, it is affirmed, is cultural. To elaborate, Bromberg (1968) asserted that the differences between Afro and Euro-Americans is the consequence of a basic difference in group orientation, and based upon his clinical experience, he advocated that Afro-American regressive behavior be viewed in terms of African ideology and culture. In his words:

> The black man is essentially oriented around spirituality.

> The materialistic orientation of the Western world during the past millennium is less important than are spiritual values for Negroes, in spite of the latter's "adjustment" to American and Western culture...the institution of property accumulation, social status and stratification, prominence of intellectual achievement with reverence for higher education organized in universities and the deification of technological achievement. Education, with its accent on garnering of minutiae of knowledge, its compulsive study of detail under the influence of Greco-Talmudic ideology seems to be less meaningful, for blacks: their values point rather toward an emphasis on living (p. 210).

This African cultural pattern, he felt, contributed to a rejection by Afro-Americans of formal Western education, religion and languages (cf. Baldwin, 1976; Burgest, 1973; Llorens, 1972; Plumpp, 1972). Continuation of the spiritual dimension, he noted, was reflected in the attraction of generations of Southern Afro-Americans to fundamentalist religions. In such religions, "direct expressions of emotion is permitted in place of intellectualized religious dogma and doctrine. Hence the rebellious Negro finds himself attracted to Muslimism, and to a lesser extent to Judaism, where doctrine is more individualized, dogma is less concrete and less invested in theological subtleties" (p. 211). In a similar vein, Bromberg theorized "that carefully nurtured speech patterns, at variance in accent, cadence and word usage with those of standard English, are maintained because of a need to maintain an identity difference from the speech of white America" (p. 211). This desire, he added, conflicts with the goal of education to reduce the language spoken in the United States to one uniform pattern

(cf. Jackson, G., 1977b).

As an illustration of the clinical implications of his cultural difference hypothesis, he made an analogy between the interpretation of hyperactivity and the aggressive crimes associated with Afro-American behavior. The behavioral characteristics of hyperactivity - e.g., accent on movement, curiosity, distractibility and feeling are more important than the adoption of a compartmentalized way of life. Such an outlook or value structure however, collides with the Western approach which has "accepted repression of movement and replaced it with control; has constrained spirituality into institutionalized form of religion, and has impounded many of life's experiences into a social mould" (p. 212). If one recognized the cultural dimensions of the differences between Afro and Euro-Americans and their neuromuscular ramifications, he advanced, one would have a clearer understanding of Afro-American delinquency. The emphasis on "soul" or spirituality by Afro-Americans, he recommended, "should be part of the corpus of clinical psychiatry" and described in "psychiatric texts, as part of an effort to understand the particular problems of black minority delinquency and crime" (p. 212).

Although Bromberg's ideas are very much in the tradition of Black Psychology's affirmation of a cultural connection between West Africa and Afro-Americans (Jackson, G., 1977c), and give additional weight to the clinical relevance of this cultural source, his appraisal does not provide a rationale for how the spiritual dimension remained in force in the United States, as Haskins' (1976) work does. Specifically, Haskins observed:

> Whether in Paramaribo in Surinam or in Philadelphia, Pennsylvania, the slaves were every minute of their lives conscious of outside forces working upon them

> and upon others. Partly, of course, this was due to their oppressed condition. As slaves, if they had not believed in powers higher than themselves and higher than their white masters, they could not have survived. Belief in the supernatural gave some meaning to their lives. But the African religious tradition was the major reason: otherwise, other depressed groups would also have turned to religion. The Indians, for example, actually were enslaved in South America; in North America they were so oppressed that they might just as well have been slaves. Yet in both areas the Indians died at an alarming rate, and the reason for such a high death rate cannot be wholly laid upon disease or murder by the whites. A major reason for the high death rate was despair and hopelessness, for the Indians, although they had a highly developed religion based upon Nature, did not have the strong, all-pervasive belief in the supernatural that the black slaves did. They were unable to find a meaning to their lives that was higher than their earthly existence. In the face of the white man's gods, their's went away (p. 46).

Bromberg's omission, then, is of critical importance in not only understanding why certain cultural factors continued in the United States but in comprehending why behavior therapy is philosophically unappealing to Afro-Americans. Going back to West Africa, for example, and reasoning by analogy, the practice of behavior therapy highlights how behavior therapy techniques and theory can be accepted without endorsing a fundamentally Western outlook. In this regard, Lambo (Torrey, 1972) reported that in Western Nigeria enuresis was treated by attaching a toad to the penis of a

male child. Analogous to the more technologically sophisticated behavior therapy treatment of enuretic children, when the child emits, the toad croaks and the child wakes up. On a theoretical plane, Torrey (1972) observed: "In Nigeria...there is much less stress on independence and rational thinking. Symptom removal and improved interpersonal relationships are considered desirable goals of therapy, and are achieved using suggestion, group therapies, and environmental manipulation. There is no attempt at insight and little attempt to change behavior" (p. 80). Given such a philosophical orientation, one would conclude that behavior therapy would be readily accepted in an African setting. Laosebikan (1973), however, after pointing out the shortcomings of psychodynamic approaches, concluded that behavior therapy would need "extensive modification in an african setting such as Aro" (p. 225). In particular, he indicated that: (1) the traditional healer would have to be included; (2) treatment would have to allow for a large number of patients simultaneously; and (3) job training would have to be established and the training related to the needs of the community. Why it would need to be adapted is the focus of the ensuing discussion, and this discussion is intended as a backdrop to fathoming the underlying concerns of the Afro-American community with behavior therapy. For example, the Black perspective in counseling and helping clearly points to a system of mental health that is community oriented, includes indigenous helpers and considers the needs of the Afro-American community as a therapeutic goal (Jackson, G., 1972a, 1972b, 1976b, 1977a). Moreover, as an additional aid in conceptualizing the hypothesized differences between the dominant culture in American society and the subculture of Afro-Americans, research on the right and left hemispheres of the human brain will be presented as an analogy to the communications problems between the two cultures.

The African Cultural Antecedent And The Brain Analogy

The psyche of the Western world has been suggested as being dominated by the left hemisphere of the brain (Ornstein, 1977). Accordingly, it has been said that this segment is: (1) rational or takes information bit by bit and process it in a linear, logical manner; (2) verbal and carries on mathematical reasoning; (3) accessible to scientific investigation; (4) aggressive and (5) troubled by the process of associating names with faces (Buck, 1976; Kiester & Cudhea, 1976; Sage, 1976). Consistent with a reliance on this portion of the brain, Americans honor and elevate "rational" or discursive reasoning, a linear-progressive concept of time, verbal and mathematical skills, and individualistic and competitive behavior (cf. Albee, 1977; Crichton, 1968; Slater, 1970; Wallace, 1970). In contrast, the right hemisphere has been said to represent the mental life of the Eastern world and has been characterized as: (1) intuitive and abstractive; (2) non-verbal and creative; (3) less accessible to scientific investigation; (4) passive and (5) not troubled by the process of associating names with faces.

Presently, there is no unequivocable evidence to suggest either why a particular sphere of the brain may dominate the other or why one biosocial group may favor one sphere over another. It is my hypothesis, however, that dominance is related to the physical environment and the adaption made to it in the form of child-rearing practices, social structure, values and customs; and this outlook has been termed the psychogenic approach (e.g., Berry, 1976); however, this paper includes the sociogenic perspective as well. What is immediately pertinent is the suggestion by researchers that the right hemisphere may influence what we do and say on a level that the left hemisphere does not always comprehend. To illustrate, the birth of

African psychology has been said to have begun during the 1940's and is conveyed in Senghor's syncretistic goal of creating a new humanism that combined European rationality with African intuitiveness (King, B. & Ogungbesan, 1975). Senghor's goal, it is advanced, contains another perspective on the potential operation of the two hemispheres of the brain; that is, in contrast to the culturally induced view of them as being antagonistic, he offered a view of them, presumably based upon an African outlook, as being complementary (cf. Ornstein, 1978).

Supporting Senghor's basic characterization of the African mind, and providing evidence that coincides with the purported functions of the right hemisphere, in 1945 anthropologist Placide Tempels noted in Philosophe Bantoue that the African had a direct, intuitive, harmonious relation to life and the cosmos that was different from the cold conceptual logic of European civilization. Similarly, Senghor (Allen, 1971; Senghor, 1971) added elsewhere that the African impulse is not to dominate the object through its dissection and analysis by "discursive" reason but to install itself in an intuitive manner through emotion, or as Jean-Paul Sartre described this African outlook, "it is to 'comprehend through sympathy' rather than to conquer through the analytic tool of the rational will" (Allen, p. 16). Given such an outlook, what needs to be expanded upon is the philosophical structure of this African outlook because it is this kernel that has remained in force in the United States. On this point, Turnbull (1976) wrote:

> Some of the tradition that is being lost in Africa is continued in America by the Afro-American, giving him an individuality and identity of his own...
>
> ...in traditional African societies people relate to

> each other as human beings, not as mere cogs in some impersonal social machine. They obtain social security not through the manipulation of wealth in the form of cash, but through the creation of a network of effective, interlocking human relationships. In such a society economic wealth becomes relatively insignificant, and perhaps thereby man becomes all the richer (pp. XVII-XVIII).

Philosophical Base Of The African Outlook

In the African mind, noted Cedric X Clark (1976), "the question of origins is a meaningless one. The world, to the African, has no origin....This is one of the fundamental differences between European and African thought, and its effects can be found in virtually every area of life characterizing the two cultures" (p. 105). In terms of similarities, the African ontological system was anthropocentric; however, it was not narcissistic in that the African was cognizant of his relation to other forms of existence and mindful of the unity and interdependence that had to be maintained. In fact, much of his behavior is explained in terms of his belief in "life-forces" or external factors. These forces were believed to be the essence of being and operated in an irregular pattern (Pennington, 1976). This principle of dual identity or complementary opposites, it will be seen in a discussion of African social institutions, functioned reciprocally, not dichotomously and thus served to "unify the actual with the illusory, the dead with the living, the personal with the communal, and the individual psyche with the individual soma" (Green, 1972, p. 14). Along the same lines, Pennington (1976) noted that the principle of dynamism explained the workings of this system. While one of the two complementary dualities surges, the other lapses. As a result, there is continuously an equipoise which is simultan-

eously unstable and stable, and, it should be added, this mode of thinking shaped the type of social institutions established. For example, to the traditional African, there were no formal distinctions between the sacred and the secular, religious and non-religious, or between the spiritual and the material areas of life. Beliefs and actions were regarded as inseparable and, as a result, were extended to relationships between the individual and group (Mbiti, 1971). To be human in this milieu meant being a member of the whole community, and one observes his role by participating in the beliefs, ceremonies, rituals and festivals of that community (Makinde, 1975). According to Basden (1966), "This subliminal consciousness by which all his movements are controlled, becomes practically a sixth sense. It is inexpressible in words, but nevertheless extremely powerful in action" (pp. 9-10). Reinforcing these precepts, there were no creeds to follow or written forms of guidance. As a rationale, Allen (1971) noted: "The oral tradition and the spontaneous play of the creative impulse gave the African a sense of adequacy before the living moment. He did not fail before that moment and feel a compensatory need to abstract it and to approach it in postmortem through the inanimate and mechanistic tool which is, in large part, the written word" (p. 15). In short, it was assumed that where the person was fixed in time, his religion was also fixed and he was expected to be religious seven days a week. Similarly, a focus on the present was partly the result of a lack of belief in a millenium and partly due to an African philosophical concept of time. Intertwined, as a consequence, with the African's religious outlook was his concept of time and its measurement.

Time in the traditional West African cultural context was viewed as a two dimensional phenomenon with a long past, a present and virtually no future. Actual time was pictured as what is present and what is past. To

measure its occurrence, there were no numerical calendars but phenomenon calendars, or a method of calculating the passage of time based upon a consideration of the relationship between events; that is, how one feels towards the event that is scheduled to transpire. Undergirding this temporal system is the concept of life-forces alluded to earlier which were believed to be inseparable from time. Therefore, the rhythm of time was not seen as constant or capable of measurement in a quantifiable sense. Essentially then, time was deemed to be meaningful at the point of the event and not at some arbitrary mathematical moment and, as a result, it was seen as something to be created or produced and something which the person could make use of as he pleased (Mbiti, 1971).

Social Institutions Reinforcing The African Outlook

While religion served as an encompassing philosophical guide to the traditional African's interaction with his environment, it was a sense of kinship or oneness with the universe engendered by the institution of family that served the practical needs of maintaining his traditional pattern of life (Osei, 1970; Staples, 1974; Turnbull, 1976). Nobles (1974a) conceptualized this family structure as "Continual Flexibility in Circularity"; that is, he defined it as appositional in nature and saw it as being based upon a "continuity" and "union" of people, functions, roles, relationships and process. In his exact words: "Family elements spiral or flow into each other. The functions of the family are likewise 'fluid' with all relationships and subsequent roles having the quality of being 'flexible and interchangeable'" (p. 13). To elaborate, marriage was interpreted as being more than a relationship between two individuals; it was the interest and concern of all the members of the respective couple's families (Staples, 1974). Similarly, after marriage, a wife was not solely a man's wife or property

but was seen as an integral part of the entire family, and in the event of marital discord, the family participated in its resolution. The husband, while given dominance in this patriarchal structure, was respected and admired contingent upon his successful execution of the heavy manual labor and critical decision-making tasks, and frequently had his authority held in check by the practice of passing wealth through the female line of the family (Turnbull, 1976). For the wife, her greatest achievement as a woman was the bearing of children because in such a society, children were viewed as the symbols of the continuity of the family, both living and dead. In short, Akbar (1976) wrote:

> The individual is able to stabilize the twin souls within himself through achievement of the external stabilization in the balanced male-female relationship. In traditional societies, sexual mutilations are seen symbolically as producing within the person a definite disequilibrium, dispossessing him of one part of himself, and compelling him to seek outside in the human community and specially in marriage that which he lacks (p. 183).

The affective or feeling orientation among traditional West Africans has been related to their family structure, child-rearing practices and, in general, a syncretistic mode of thought (Jackson, G., 1977c). Child-rearing, for instance, was marked by a comparatively high degree of physical contact, flexible feeding time and much attention (e.g., LeVine, 1974; Werner, 1972). These actions sensitized the child to the feelings of others, and the cultural practice of sharing the responsibility of raising the child between the biological parents and other members of the family encouraged an other-directedness or ease at accepting aid from others (Elam, 1968; Esen,

1973). In essence, a sense of humanitarianism, mutual aid and community participation was positively reinforced by the philosophical structure of this type of family (Brown & Forde, 1950).

Another illustration of the relationship between the syncretistic approach and the African ethos is the African's concept of the role of the artist and aesthetic expression. According to Sieber (1971): "Unlike recent art in the Western world, traditional African art is an act of cultural integration. The artist neither castigates nor condemns the normative values of his culture, nor does he reject through inversion that culture's concept of the image of reality" (p. 171). Such art, noted Blair (1975) "is of the people, it expresses values, religious and philosophical, which the artist shares not only with his patron but the whole community" (p. 26). The native African sculptor, wrote Locke (1939), "was forgetful of self and fully projected into the idea, was always working in a complete fusion with the art object" (p. 272). Cognitively speaking, an African term that expresses these cultural practices is "Anokwalei Enyo." According to Wobogo (1977), it means "two relative truths" and it is used to define "the components of a duality in a manner which stresses their inter-relationship without implying whether that relationship is harmonious or antagonistic" (p. 18). In his view, "The word opposite derives from 'oppose.' As such it is biased because it emphasizes conflict to the exclusion of other modes of interaction. Anokwalei Enyo expresses the association of two entities whose interaction mode can be cooperative, antagonistic or neutral. Only an analysis can determine which is true, even in a potential sense" (pp. 18-19).

The relationship between this philosophical system and psychotherapy is revealed in the following statement by Singer (1977). Her comments, in many ways, not only reveals the basis of the reaction by Africans and Afro-Americans

to psychoanalysis but captures the core attraction of some Afro-American professionals to behavior therapy. According to Singer:

> The tradition of Western thought is primarily linear and analytical. When faced with opposites, we tend to see them as irreconcilable or, at the very least, as problematical. It is difficult to accept holistic thinking, in which opposition is only apparent, and opposing forces are only aspects of the same things as seen from different points of view. And so we do drive wedges between the black and the white, between consciousness and the unconscious; between the masculine principle and the feminine principle. The tendency of Western thought to separate out, dissect, examine and reassemble reached its zenith in the psychoanalytic movement that has been in existence since just before the turn of the twentieth century (p. 25).

Extension Of The African Ethos To The United States

In one of the seminal articles on the subject of Black psychology, White (1970) observed that Afro-American culture is an oral culture and that the traditions are carried orally. People, he declared, who grow up in the Afro-American community tend to be much more intuitive in terms of their response to signs and gestures than they are in relating to the concrete syntax (cf. Mayer, 1976). In addition, he observed that they have a greater tolerance for ambiguity and ambivalence. White, however, concentrated on the United States and did not extend his analysis to the source of the cultural practices that he identified as characterizing Afro-Americans. In contrast, there is mounting evidence that it was from a West African source that Afro-Americans derived their concept of time, family, religion, beliefs

about sex, music, dance and pattern of thought and language (Jackson, L., 1975; King, G., 1976; Matthews, 1976; Pennington, 1976; Poussaint, 1972; Southern, 1971, 1972; Staples, 1973; Ward & Gray, 1971). For example, the concept underlying the word Anokwalei Enyo can be seen in a number of attempts to define an Afro-American. Patterson (1971) defined the quality of being an Afro-American as "the ability to transcend the grip of narrow traditions" (p. 11) and in Hunt's (1974) topology of racial perspectives, the "Black" perspective was seen as encompassing neither the elevation of the cognitive, which is a European cultural bias, nor the affective, which is an African cultural bias, but the recognition and acceptance of the strengths of both domains. In his view, in operation it allows one or the other domain to take primacy depending upon the situation.

In line with the new source of data, Nobles (1973, 1974b) hypothesized that it was the concept of the primacy of the group that gave rise to the intra-relationship among Afro-Americans today and labeled this condition the "extended-self." In addition, there is historical and anthropological evidence to suggest that American slavery merely destroyed allegiances to individual tribes but did not extinguish the concept of the primacy of the group (e.g., Gaffney, 1970; Gutman, 1976; Herskovitz, 1958; Ward & Gray, 1971) and on this point Turnbull (1976) wrote:

> ...very strongly African is the family feeling and the functionality of the family, be it matrifocal or anything else. This is a strictly African characteristic. Security is found in the family, not in material wealth. Certainly for the Black American who had no material wealth from the very outset, and who in any case regardless of what his tribal origins were, would have had a fluid

> sense of "family," family has remained a constant source of strength and unity. Even in the earliest days, it was only the biological family that was destroyed by the slavery practices of separating spouses from each other, and parents from children; the sense of family was never destroyed, as could be seen in the usage of kinship terms, manifested once again today in the almost mandatory manner by which Black American youth greet each other as "brother" and "sister", calling upon the family ideal of unity to bring about a much wider political unity (p. 207).

The concept of the primacy of the group continued then, bolstered by the American cultural practice of dichotomizing groups according to skin color, but rather than being related to the tribe or clan, it was extended to certain types of values (spontaneity vs. control or predictability) and behaviors (touching vs distance or aloofness). The conduit for the maintenance of these African values was music (e.g., Tyler, 1972).

To elaborate, African languages, in contrast to European languages, contained an abundance of vowels and its system of tonality and accents gave additional support to syncopation (Walton, 1972). The upshot was a stronger possibility that music could be interpreted as language, and the "talking drum", which was not extinguished during the early period of American slavery, made the possibility of incorporating lingual rhythms into music a reality. Interestingly enough, some research on hemispheric dominance and music capacity points to a possible right hemisphere emphasis among Afro-Americans. First of all, it has been indicated that the only indigenous music that developed in the United States is the jazz music created by Afro-Americans (Cayer, 1974). Relatedly, research by Bogen and

Gordon (Buck, 1976) revealed that when the right hemisphere is drugged by sodium amylobarbitone, subjects are able to sing lyrics with proper rhythm but their pitch is either monotonic or off-key and their intonation is uncontrolled. It has been concluded from such research that music and language intonations are independent of each other and are located in different hemispheres. Music, it is consequently advanced, served as a major cultural conduit that gave support to an oral tradition. This oral tradition, in turn, reinforced a holistic outlook and is reflected in the following description of syncopation. Allen (1971) noted that it is

> an exchange during the very act of creation with the surrounding members of the village or the clan. There is a counter-point between them in which his lead is shaped by the comment and response of the group, encouraging, approving, disapproving and offering new imaginative leads and providing the dramatic and transcendent force which emerge from the dialectic of this exchange. The whole becomes more than the sum of its visible parts (p. 16).

This musical pattern is structured, in his view,

> to invade, capture and to move the whole person. It sets up an expectation in the regularity of the beat, delays its realization, establishing thus within each measure a tension of promise and retreat, suggestion and denial prior to ultimate accession...This evocative sense of deferred but imminent satisfaction is achieved ...by the simultaneous employment of different rhythms and differing meters, overlaid one upon the other, thus

> creating the sense of deviation from the normal, or the expected. The resulting stress upsets the static repose, engages the total being and moves it to another dimension of consciousness (p. 14).

The African child, as a consequence, learned the acoustical signs of the drum rather than a written alphabet (Walton, 1972), and the Afro-American child, it is advanced, underwent a similar learning experience through his involvement in the Afro-American church. For example, antiphony, which is "whenever a music phrase sung or played by a soloist, is afterwards repeated or answered by an instrumental or vocal chorus or group" (Walton, 1972, p. 101), is today a characteristic pattern of speech for Afro-Americans, and thrives as a mode of expression in their church. Relatedly, James (1976) conducted a study of Afro-American children's perception of Black English and Standard English and concluded:

> The fact that the Ss were able to perceive differences between style more frequently than content lends credence to the position that phonology is more important than syntax, at least in the discrimination of language varieties. The child may be attending more to differences in the prosodic features of BE and SE than to their lexical and syntactic features. There may be a tendency for the child to try to produce an acceptable "school" register of SE by striving to "sound white" in voice aspects rather than attending to dictionary meanings of words and to grammar. This phenomenon could compound reading problems...if the child has grown more dependent on listening and imitation skills rather than the sight necessary for word recognition (p. 383).

Moreover, Meissner (1975) reported that the problem of Afro-American children was not their ability to comprehend concepts but to communicate them, and there is some evidence to suggest that this reputed difficulty in communications is the consequence of an allegiance to a different linguistic system (e.g., Marwit & Marwit, 1973) and culturally based mode of communication. In this regard, Smitherman (1973) declared that Afro-American idiom should be viewed from two important perspectives: linguistic and stylistic. Linguists, she felt, failed to take serious cognizance of the oral tradition in Afro-American culture. They did not appreciate the uniqueness of this verbal style and consequently did not see that it required a competence/performance model to fit the Afro-American scheme of things. A fundamental problem, she observed, is that there are no criteria based on Afro-American communication patterns, wherein such speakers could demonstrate their competence because the process is beyond the scope of traditional measurements, or, parenthetically, a framework dominated by left hemispheric thought.

Even the use of written language, researchers are beginning to note, reflects a strong African influence. Matthews (1977) observed, for example,

> In Black use, the thought is generated through the use of a picture concept (visualization), rather than through the use of a notion or theoretical statement, or a theoretical formula. In Black imagery, a picture of the thing as it really exists is put before the mind and imagination. In the Black method, one proceeds through visual thinking as against non-visual thinking. One may wish to represent this position as the concrete vs. the abstract, but this would not be accurate. In the concrete presentation of the Black concept, there is a whole lot of abstract thinking. On the other hand,

> it is not correct to talk about the Western thing as exclusively analytic, because it is not more analytic in method than the Black image (p. 16).

In support of his stance, he made a comparative analysis of 75 pieces of writing by 75 Black scholars from the United States, Africa and the Carribbean who represented 8 academic disciplines. He found that they used on the average between one and three metaphors per sentence per scholar, and per discipline, and this pattern held regardless of national origin or cultural region. Viewed differently, the following instructive comments have been made about George Washington Carver (Another Honor...1977):

> TO MANY of his colleagues in science, Doctor George Washington Carver was something of an oddity - a reputable scientist credited his findings to faith and divine inspiration. Reportedly, Carver never took any books into his laboratory in preparation for his long hours of daily research there. Instead, he began each day with a pre-dawn meditation in the neighboring woods.
>
> Despite this unorthodox approach to scientific study, Dr. Carver became one of the world's foremost agricultural scientists, finding scores of uses for such commonplace commodities as peanuts, sweet potatoes, and clay...
>
> Though Carver was a man of prodigious talents who gained world renown within his lifetime, the Black chemurgist remained a man of deep humility. When pressed about the reasons for his refusal to patent his discoveries,

> Carver replied, "God gave them to me. Why should I claim to own them? (p. 102).

The mainstay of the behavioral patterns said to characterize Afro-Americans, it is hypothesized, is the Afro-American family. As with the African family, an affective approach to life is nurtured by the Afro-American family structure. It can be said that it not only reinforces a positive attitude toward people (Dixon & Foster, 1971; Hill, 1972), but emphasizes a non-verbal means of communication and an "intuitive" approach to understanding the world (cf. Hall & Freedle, 1975). Illustrative of this point, Harry Stack Sullivan (1941) observed in his study of Afro-Americans:

> The Negro seems to have a notably great capacity for sensing by intuition interpersonal reality. This faculty led to a good many pseudo conversations, early in my stay. It may be worth mentioning that one informant carried on in some eight hours of conversation an account of the consequences of a highly improbable experience - later found by collateral channels to be almost certainly mythical-without showing any of the phenomena by which I am customarily warned that an account is becoming wishful rather than valid. The one other detail of my provisional hypothesis which may merit mention bears on the amiability of the Negro as compared with whites and Chinese with whom I have worked. A timeless, formless optimism about life in general seemed to be remarkably widespread - even in obsessional personalities that I encountered. Something of this attitude also persisted in two thoroughly disillusioned and rather definitely embittered intellectuals who assisted me in various ways. I could not help but conclude

> that the Negro had escaped in some way those cultural-personal necessities which had compelled the Western Europeans to look to another world. Religious practices have importance in life in the deep South, but the effective religious beliefs, attitudes, and behavior [of the Negro] do not seem to be functional counterparts of the circumambient white culture (p. 333).

Corroborating Sullivan's findings, it has been found that Afro-American families are more social than Euro-American ones (Stultz, 1973) and Afro-American children are more cooperative than competitive, compared to Euro-American children (Richmond & Weiner, 1973). Indicative of the cultural bias of Euro-American children, it was also reported that integrated pairs were less competitive than pairs of Euro-Americans but were more competitive than pairs of Afro-Americans. These differences are noteworthy because altruistic behavior has been said to be a reflection of one's belief in a just world (Zuckerman, 1975), and societies, it has been affirmed, that are based upon a competitive model do not develop children who are cooperative.

Another illustration of the affective orientation, and an area worth considering beyond this present paper, is the study of touching because it is frequent physical contact that distinguishes primates from many other animals (Willis & Hofman, 1975). Jourard (1968), for instance, found marked differences between groups of adults observed in Puerto Rico, Paris, London and Gainesville, Florida. The actual rate of touching was 180, 110, 0 and 2 per hour, and thus would imply that touching was uncharacteristic of British and American adults. Willis and Hofman (1975), on the other hand, noted, "statements about touch in America must be qualified for racial

groups" (p. 866). Corroborative of their qualifications, they conducted research comparing Afro and Euro-American children and adolescents and found that Afro-Americans touched more than Euro-Americans (1975).

In a slightly different vein, Crichton (1968) attributed the belief that it is an inherent right to kill people without retaliation to Americans in general (cf. Slater, pp. 36-37); however, a study by Kroll (1976) gives evidence that Afro-Americans are guided by another set of principles and realities. Kroll found that twice as many Afro-American soldiers in Viet Nam, as opposed to Euro-American soldiers, were incarcerated for violent crimes against other U.S. soldiers, while six times as many Euro-American soldiers, in comparison to Afro-American, were incarcerated for violent crimes against Vietnamese. He theorized that the differential perceptions were due to the background experience which the respective groups brought to Vietnam. In his study, he gave evidence to support the thesis that Euro-American soldiers generalized certain racial prejudices to include the Vietnamese and consequently viewed them with a mixture of suspicion, fearfulness and disdain. The Afro-American soldiers, on the other hand, he noted tended to view the Vietnamese with greater sympathy and when not in actual combat, regarded the Euro-American soldiers as enemies and the Vietnamese as allies and fellow sufferers. Even more striking as an illustration of the cultural distinctions attributed to Afro-Americans, is a study of the personality patterns of Afro-American, Mexican-American and Euro-American patrolmen. Given the task of a police officer and the selection process, one would predict no differences in personality profiles; however, differences were found and are consonant with the cultural distinctions outlined in this paper. It was found, for example, that the Afro-American officers were more interpersonally warm, and less tough-minded

than the Euro-Americans (Snibbe, Fabricatore & Azen, 1975). The Afro-American officers appeared also to be more experimental in their problem-solving, and more analytical in their thinking than either of the other groups. Lastly, they were more group-oriented than the Euro-American officers. This study, it might be added, not only coincides with Matthews' assertion that the Euro-American approach is not more analytical than the Afro-American approach, but dovetails with a study by Sperry (Sage, 1976) on brain hemispheric functioning. According to the account of a study using a puzzle of geometric forms:

> The left hemisphere, using the right hand, seemed to approach the task in a logical manner, examining edges, murmuring to itself about similarities and differences and how the forms might fit together. The right hemisphere using the left hand, seemed to take a totally intuitive approach, trying various spatial arrangements and, interestingly, generally solving the puzzles much more quickly than did the reasoning left hemisphere (p. 26).

Quite germane to the preceding finding, Torrance (1974) found that Afro-American children were more creative than affluent Euro-American children.

Lastly, and highly suggestive of the African origin of a syncretistic mode of perceiving and reacting by Afro-Americans, Rychlak (1975) found that Afro-Americans use an affective approach to learning rather than a cognitive one and further, that this pattern cut across socio-economic lines. In line with his latter finding, there is evidence that suggests that traditional indices of social class do not apply to Afro-Americans (Hare, 1973; Thorpe, 1972), and studies have found that race/culture is a greater source of identification than sex (Slaby & Sealy, 1973) or political

office (Salamon, 1973) and, it might be included, is a critical determinant of attitudes toward rioting (Moinat, Raine, Burbeck & Davison, 1972). However, with regard to an allegiance to either domain, Scott (1976) reported a study that concluded that optimum learning for Afro-American students entailed the use of the affective and cognitive domains and not the primacy of one domain over the other.

To recapitulate the basic theme of this paper, it has been advanced that a basic definition of Afro-American culture and behavior is rooted in traditional West African culture (cf. Chimezie, 1975), and further, that this source of origin has escaped the conceptualization of mental health professionals in general, and behavior therapists in particular. What remains is to show how Afro-American cultural antecedents relate to behavior therapy. One immediate way of demonstrating the relevance of the preceding account to behavior therapy is through a study by Nunnally (1957). He found that Afro-Americans believed that if they kept their thoughts focused on happy things that they would not become mentally ill and that the ill did not want to face their problems. Although such views could easily be construed as a form of magical thinking, they could also be seen as an implicit recognition of the significance of "thoughts" as an antecedent to behavior, and coincides with the cognitive behavior therapy movement. Similarly, Nunnally pointed out that they believed that a change in environment would help a person and that mental illness was not related to childhood experiences. In terms of concepts, therefore, the Afro-American community would appear to be ideal candidates for behavior therapy; however, as noted by Cannon and Locke (p. 3), racism is a stimulus that has to be included in any consideration of the behavioral patterns of Afro-Americans. In line with this view, the ensuing account will discuss the impact of racism on the

Afro-American community and this discussion is intended as a backdrop to a consideration of the possible role of behavior therapy in the Afro-American community.

The Erosion Of The Afro-American Community

Racism is not new to the Afro-American community and, historically speaking, has been partially deflected by Afro-American institutions. Times have changed, as measured by the increasing suicide rate of young Afro-American males and females, and this shift places unparalled demands on mental health professionals. It has been observed, for instance, that those institutions within the Afro-American community that have traditionally ministered to its psychological needs, such as the Afro-American church (Sabshin, Diesenhaus & Wilkerson, 1970) and family (Hill, 1972), no longer serve this salutary function for a majority of Afro-Americans (Plump, 1973; Sager, Brayboy & Waxenburg, 1972). According to Dennis (1977):

> Some of this lack of formation is due to the attitude of the larger group which resists or breaks up tentative group formations by rendering the potential leaders ineffective by various means (e.g., M.L. King, Malcolm X, Cleaver, etc.). Further, the older black population to whom the young have to turn for transmission of cultural values, beliefs, and mores, has been discredited and mostly eliminated...(p. 324).

As a consequence, it has been predicted that in the absence of a safety valve such as the Afro-American church, and with an increase in pressure in living and trying to eke out an existence as an Afro-American, the number of Afro-Americans seeking assistance through psychological counseling and treatment will increase, and this increase will occur without a pro-

portional increase in professionals (Comer, 1973).

Professional manpower, however, is only a component of the broader issues of: (1) the training of professionals and; (2) the mission of mental health professionals. To elaborate, psychotherapy in general and psychoanalysis as a subsystem has been assessed and found to be inoperable in public school systems where primary and secondary intervention could occur in conjunction with counseling (Aubrey, 1969). As a distinct profession, psychoanalysts have been castigated for not taking an active role in the struggle for Afro-American rights in America (Harrison & Butts, 1970), and their reluctance can even be tied to the theory of psychoanalysis and its minimization of environmental factors in the treatment of psychological problems. For instance, Prudhomme (Prudhomme & Musto, 1973) revealed:

> ...in early 1952, I approached the American Psychiatric Association's leadership with a request which had been made of me by the Howard University team of lawyers who were preparing their arguments for the school desegregation case,...I suggested that the APA file a brief amicus curiae supporting the contention that separate educational facilities are not equal. I was advised by the APA's "establishment" to withdraw from involvement in the case and remain aloof from such a political issue. One eminent leader described my proposal as simply one additional example of my continuing "acting out" (p. 47).

It is not surprising, then, to learn that psychoanalytic training programs discourage reference to the Afro-American experience (e.g., Jones, Lightfoot, Palmer, Wilkerson & Williams, 1970), and that psychodynamically oriented therapists are racist in their referrals to Afro-American professionals

(Butts, 1971).

Even if psychoanalysis and its tenets were eliminated, such as in the area of counseling, the ethos of American society can still be seen to result in the inappropriate assessment and treatment of Afro-Americans (Jackson, G., 1976b, 1977a), and this cultural bias extends into clinical settings where a reliance upon the medical model supports a dichotomous approach to research, diagnosis and treatment. For example, in a comparative study of Euro-and Afro-Americans and their concepts of mental illness and treatment, Crawford, Rollins, and Cutherland(1960) found that the Afro-Americans investigated were less understanding and exhibited less acceptance of the mentally ill. Moreover, the authors concluded that a lack of knowledge about the cause and cure of mental disorders led to the reluctance to commit; that is, Afro-Americans believed that the mentally ill person brought the problem onto himself and as a consequence, little could be done. Hospitalization, the authors noted, was regarded as a permanent arrangement, and the Afro-American group showed a more sympathetic understanding of the problems of aged persons and children and seemed more supportive of their deviancies. Earlier research findings, however, suggest not only a cultural difference in the treatment of deviancy, but a keen perception of what is now termed institutional racism. Kadushin (1957), for instance, found that a reluctance to commit patients to hospitals was especially marked when the aged and females were the subjects, and he indicated that only after the group had reached its threshold in terms of its security or interference by Euro-American authorities, was hospitalization allowed. Similarly, research on the treatment of Afro-Americans gives strong evidence that the reluctance to have an Afro-American committed is far from a reflection of ignorance. Dunham and Weinberg (1960) reported that discrimination against

Afro-Americans in state mental hospitals tends to be greater for females than males, and considerably earlier in time, Malzberg (1944) noted that following commitment Afro-Americans received less treatment than Euro-Americans. Demonstrative of institutional inertia, Hollingshead and Redlich (1953) reported that based upon the availability of three types of treatment, e.g., psychotherapy, somatic therapy, custodial care, a majority of Afro-American patients received either electro-convulsive shock or custodial care. In the same vein, Masserman (1960) found that Afro-American patients received a significantly larger amount of electro-convulsive shock and were perceived by attendants to be less accessible to psychotherapy. In short, Maas (1967) pointed out that since Afro-Americans had a comparatively smaller chance of being discharged, there may be an element of realism in the reluctance to have members committed. Maas also noted that attendance in a mental hospital for an Afro-American meant a lower chance of being reintegrated into the umbrella social structure because of existing cultural and economic pressure. In terms of the African concept of the primacy of the group, Crawford, Rollins and Sutherland (1960) found that following discharge Afro-American ex-patients were not rejected socially by their group, and if this were their only source of conflict, would have a comparatively higher expectation for success. Supportive of the authors findings, Kardiner (1959) indicated that identification is more developed among Afro-Americans than Euro-Americans, and Stewart (1955) found that after release the Afro-American has a better chance of being reintegrated into his community than does the Euro-American.

Moreover, research suggests that even the limited number of Afro-American clinicians who will be trained will continue to receive their training in Euro-American middle-class settings with Euro-American professionals, thereby

reducing the reported advantage of the factor of culture and/or race. Even though, then, the "Black" identity movement and inadequate positive experiences with Euro-Americans have encouraged many Afro-American clients to request assistance from Afro-American professionals, culturally laden approaches in the field of mental health combine in continuing to thwart maximum utilization of this source. Similarly, the community mental health movement has been found to have contributed very little in the advancement of the Afro-American community (Cochran & Jones, 1971; Johns, 1976; Sherving-ton, 1976; Sue, McKinney, Allen & Hall, 1974). In the words of Kerr (1972):

> The black community is beginning to take the position that the entire community mental health movement is nothing more than a policy of domestic imperialism designed to pacify the natives through tranquilizers, supportive therapies, and other tokens. Further, the community suspects that the director and his staff develop a vested interests in the ghetto as a target for research and as an object of their narcissistic drive to exert control over the lives of a helpless black people (pp. 61-62).

In addition, it is a well known fact that in comparison to Euro-Americans, the Afro-American community has poorer health. In 1950 the infant mortality rate for Afro-Americans was 64 percent higher than Euro-Americans and by 1975 the rate had increased to 85 percent (Kovar, 1977); and on the other end of the spectrum, there is a 14 year life expectancy difference between Afro-American males and Euro-American females. Reinforcing this pattern, Afro-Americans are coerced into residential enclaves through the outright antipathy of Euro-Americans to living and learning in close proximity to

them (e.g., Giles, Gatlin, Cataldo, 1974; Knapp & Alston, 1973; Morris, 1973), and have their health status further reduced through the exploitation of the Afro-American community (cf. Blauner, 1973; Hall, G., 1969a, 1969b). Similarly, contemporary studies on employment practices give clear evidence that Afro-Americans are discriminated against on the basis of racial designation (Fleming, Palen, Kinglien & Taylor, 1972; Friendlander, 1972; Milner, 1973; Mogull, 1972), and this consequence of institutional racism extends to efforts to establish business enterprises, which are accepted prerequisites to ethnic group economic advancement (Travis, 1973).

The most popular solution advanced to narrow the health status discrepancy between Afro-and Euro-Americans has been to recommend movement into the middle-class via education; however, negative practices in integrated public schools (e.g., Children Defense Fund Report, 1974; Rubovits & Maehr , 1973) and a loss of authority positions by Afro-Americans in desegregated Afro-American schools (Lutterbie, 1974), short-circuits this solution. In addition, a Euro-American backlash to Afro-American assertiveness makes the avenues to middle-class status inaccessible to a majority of practicing Afro-Americans (Bennett, 1966; Bryce, 1974).

The preceding problems, it is advanced, are based upon aspects of American culture and have gone undetected in the field of mental health because its system of detection is not sensitive to other points of view. Where behavior therapy may be of immense assistance is in dealing with the environmental aspects of the problems besetting the Afro-American community. Dennis (1977) noted, for example,

> The three leading causes of death for nonwhite males (i.e., accident, homicide, and suicide) are violent

> causes that are social rather than disease-oriented. These deaths affect the young who are the most vital group of men and occur at such a time that they have special implications for the economy, the family, and the community (p. 316).

Behavior Therapy As An Adjunct To The Afro-American Community

Unlike other systems of therapy, behavior therapy can be of assistance on all levels of needs to the Afro-American community. Briefly, systematic desensitization has been used to reduce racial prejudice in Euro-Americans toward Afro-Americans (Elkin, 1972), and behavior management techniques have been used to alter interracial behaviors (Williams, Cormier, Sapp & Andrews, 1971). Employed in this way such techniques can easily be seen as a partial answer to Pugh's (1972) observation that Afro-Americans have a conditioned anxiety to their "Blackness" and in the direction of Throne's (1972) conceptualization of "Black rage" in operant terms. Second, the behavior therapy technique of bio-feedback (Schwartz, 1973) has been recommended as an appropriate technique for Afro-American people suffering from the stresses and strains of living in the United States (Diggs, 1974). Third, and a step beyond the rhetoric that mental health professionals interested in assisting the Afro-American community should serve in the consultant role (e.g., Jackson, G., 1977a), counselors have reported that the use of behavioral techniques as a consultant tool with teachers has been found to lead to a more conducive learning environment for minority students (Farber & Mayer, 1972). Fourth, in terms of the demand for Afro-American models (Banks, 1972 ; Mezz & Calia, 1972; Russell, R., 1970; Smith, P., 1973) and the concomitant demand to include Afro-American people in some phase of the therapeutic process (Jackson, G., 1977a), the

use of a token-reinforcement remedial reading program with Afro-American children not only had constructive results for the children, but provided employment opportunities and advancement for unemployed Afro-Americans who served as therapy technicians (Staats, Minke & Butts, 1970). Fifth, it has been pointed out that public school systems have failed to discover those positive reinforcements that would serve to motivate Afro-American students (Poussaint & Atkinson, 1970); in contrast, though, behavior therapy has been found to surmount such obstacles and lead to success in such academic settings (e.g., Thoresen, 1967; Wasik, Senn, Welch & Cooper, 1969). Moreover, a key ingredient in motivating Afro-American people to excel, it has been declared, is not so much the expenditure of efforts to improve their self-concept, but has been said to be their ability to be assertive and to have a sense of control over their environment (Poussaint & Atkinson, 1970). In line with this interpretation of the road to academic success, assertion training has been cited as the behavior therapy technique that is not only compatible with this aim (Williams, B., 1974; Cheek, 1976), but training in this technique has already been provided for Afro-American counselors. Finally, the reported explicit nature of the techniques, it could be affirmed, aids in the problem of receiving, maintaining and enhancing accountability and control in the Afro-American community, whereas the use of other psychotherapeutic techniques by counselors, social workers, psychologists and psychiatrists cannot be so easily accounted (Morrow & Gochros, 1970).

Despite the preceding accolades, behavior therapy will falter if it continues to give fleeting importance to the attributable variable of race. For example, Coates and Thoresen (1978) noted in a study of obesity:

> ...treated ten black lower socio-economic children in

> ten two-hour weekly group meetings which included a weigh-in, a group meeting with parents and children, group suppers in which appropriate eating habits were modeled and discussed, and material reinforcement for habit change. Subjects self-monitored the application of these procedures in their homes and where rewarded for meeting pre-selected goals. Although the magnitude of the weight changes was small (only two subjects lost more than ten pounds), nine subjects did report weight loss, a significant finding given the racial and socioeconomic characteristics of the sample employed (pp. 146-147).

Carl Rogers (1975), however, touched upon what the Afro-American community, in terms of the Afro-American experience, might see as the present and global danger of behavior therapy when he wrote:

> A technological society has been delighted to have found a technology by which a man's behavior can be shaped, even without his knowledge or approval, toward goals selected by the therapist, or by society. Yet even here much questioning by thoughtful individuals is springing up as the philosophical and political implications of "behavior mod" become clearly visible (p. 3).

As alluded to in the introduction to this paper, the ascendancy of behavior therapy cannot be disassociated from the demand for efficiency in a capitalistic society, and what makes Afro-Americans anxious is the lack of need for their original skills in the present stage of development of capitalism

(Jackson, G., 1977c; Yette, 1971), and institutional barriers to the acquisition of new skills. The argument that behavior therapists are guided by the ethical standards of the mental health professional organizations from which its membership is drawn is no solace for the Afro-American community because each of the existing organizations has been criticized for being racist in structure (cf. Jackson, G.,1976c). Moreover, even though it has been claimed by behavior therapists that total control of all variables in the environment is essential to maintaining lasting effects (Atthowe, 1975; Liberman, 1968; Repucci & Saunders, 1974) and that the individual's motivation to change is concurrently essential (Bandura, 1974; Hersen, 1971; Russell, 1974), these professional and species specific safeguards are not seen as reliable for Afro-Americans, and the difference in perspective may be rooted in two distinct approaches to reality. First, in terms of the societal dimension of the problem, Turnbull (1976) observed how century old values in Africa were lost through the introduction of an economic system that replaced the importance of the extended family, and he noted that Afro-Americans were maintaining traditions such as the extended family that were being eroded in Africa because of the continual need of the former to rely upon an extended family in order to survive. In fact, it may be said that it is in recognition of the power of shaping procedures that Afro-Americans are extremely concerned over the values of behavior therapists and the process of inculcation. Specific interest is with what might be seen as behavior therapists elevation of left hemispheric thought over right hemispheric processes. To illustrate, Mahoney (1977) observed: "...for those of us who have gone through behavioral boot camp, there are many negative associations with "affective therapy" and, more importantly, we

have received precious little skills training for dealing with many of the emotional components of psychotherapy" (p. 14). Along a similar avenue of thought, Weiss (1973) made a comparative analysis of analytic and behavior therapy oriented students and reported that behavior therapy students were less interpersonally sensitive and less anxious about treatment than the analytic students, and were more self-confident and secure about the effectiveness of psychotherapy. In Weiss' view, "Analytic trainees were much more inclined to admit bias" (p. 148)...and "No behavioristically oriented trainee made statements referring to his attitudes as determinants of his overt behavior" (p. 148).

The centripetal force in the above problem, it is suggested, is our conceptual approach to thought. Ornstein (1978), for example, advanced, "the brain's hemispheres are not specialized for different types of material (verbal and spatial), but for different types of thought" (p. 82)..."The two ways of knowing are complementary. Without holistic perspective our ability to analyze may be as useless to us as it was to the right hand of the split brain patient. Similarly, an intuitive insight is lost unless we have a way to express it" (p. 83). To illustrate further, McNamara (1978) observed:

> This person, though highly technically trained at a doctoral and postdoctoral level in behavior modification, subjected retarded residents under his control to bizarre and cruel procedures. Although no mention was made of Dr. X's knowledge or concern over ethical issues raised by these incidents, there is little doubt that technical mastery over a subject matter like behavior modification does not insure its proper or ethical application.

> ...it is widely believed that behavioral scientists do employ appropriate ethical safeguards when they conduct research with human subjects. An examination of their published research, however, clearly indicates that they infrequently report what ethical standards were used to protect their research (...). It is, therefore, difficult to assess the extent of ethical concern actually demonstrated by behavioral scientists toward their research subjects (pp. 3-4).

The lack of attention to reporting the ethical procedures used, it is advanced, is not an oversight but the consequence of a dichotomous thought process that is characteristic of Western culture and science. For example, the concept of interdependence is lost by the use of psychologists of the constant sum method of causality and through their traditional method of recording events. Bloom (1978) observed, for example:

> As soon as one begins to record, describe, and interpret behaviors, there is loss of information, and successive reductions of the data continue to restrict and limit their informative power...
>
> ...as soon as one begins to categorize events for the purpose of description, then other possible categories are automatically ignored (p. 2).

The issue being explored here is broader than the current debates within behavior therapy, and is partially illuminated by a study by Frederiksen, Jenkins, Foy and Eisler (1976) and partially by historical research on the treatment of Afro-Americans. Frederiksen et.al. reported the use of social skills training to modify the abusive verbal outbursts among adult psychiatric

patients, and while their efforts were successful on one level of evaluation, on another, questions might be raised. On one level the use of an Afro-American therapist with Afro-American patients and the former's success with the technique, could be cited as an example of the efficacy of behavior therapy, and the use of an Afro-American therapist as an acknowledgement of behavior therapy's recognition of the significance of the racial/cultural factors in treatment. On another level, however, Afro-American professionals might ask why the patients resorted to the use of verbal outcries in the first place and question whether the therapist identified with the institution or his racial/cultural group in deciding upon a solution. Historically, for example, Dreger and Miller (1960) reported that the concern of therapists over the alleged tendency of Afro-American patients to act-out, to be hostile and distrustful, to exhibit self-hate and strong prestige needs were constructs that did not emerge from carefully controlled experimental studies but from impressions, and consequently had an unknown validity, and Adams (1951) observed that ignorance or ambivalence on the part of many therapists leads them to be oversympathetic, indulgent, patronizing or hostile to the Afro-American patient. Ten years later, Shane (1960) pointed out in a similar fashion that some therapists have a need to overemphasize the effects of the patient being "Black," and others, conversely, have a need to sidestep this issue altogether. In more contemporary times, it has been found that therapists have views of Afro-Americans that coincide with the American stereotype of Afro-Americans and have translated these views into their practices and/or theories (Jackson, G., 1976b). Similarly, regional and economic differences among Afro-Americans have been seen as causative of a strained rapport and unsuccessful treatment (Stevens, , 1945; Vontress,

1967). A number of writers have commented also on the unfavorable attitude of a number of Afro-American professionals toward Afro-American clients (Clark, K., 1973; Funnye, 1970; Grier & Cobbs, 1971; Smith, P., 1968; Vontress, 1972) and, in one case illustration, the institutional pressure to be superior caused an Afro-American professional to reject an Afro-American client whose stereotypic behavior appeared to jeopardize the professional's status (Lindsay, 1947).

Despite the complexity of the problems outlined, there are some avenues worth pursuing if one is interested in: (1) assisting the Afro-American community; and (2) would like to do so within a behavior therapy framework.

A Tentative Proposal For Harmony

To begin, Lazarus' (1976) multimodal behavior therapy offers, from this writer's earlier review of his works, a tremendous number of possibilities for establishing more cohesion between behavior therapy and the Afro-American community. First, it is holistic in design and structure and does not rely upon the deficit hypothesis. Second, it provides a means of including the spiritual dimension in therapy. Third, his (Lazarus, 1978) emerging techniques appear to be in line with the needs of people who rely, in part, on what has been classified as right hemispheric thought. As a result, his movement not only coincides with the proposal made to consider Afro-American behavior in terms of right hemispheric thought but dovetails with research by Tucker, Shearer and Murray (1977) on the pertinence of hemispheric specialization to behavior therapy practice.

A review of the works of Lazarus (Jackson, G., 1974a) found a high degree degree of concordance between his concept of therapy and research and that of many of Black psychology's exponents (Jackson, G., 1977c). Carried a step further, his approach parallels quite closely the concept of diunitality

and, therefore, offers a system that can be used in conjunction with an innovative conceptual approach to race relationships in the United States. To illustrate, Dixon and Foster (1971) noted that the problem with previous research on the subject of race relations was its use of an either/or framework or the philosophical belief that "everything falls into one category at the same time" (p. 25). As a consequence, it is believed that Afro-Americans represent one exclusive racial/cultural category and Euro-Americans another; therefore, it is presumed that they are "mutually exclusive, contradictory and antagonistic" (Nelson, 1975, p. 25). This type of reasoning, they maintained, fostered racial strife and, as an antidote, they suggested the use of their diunital approach. This approach is predicated upon an harmonious uniting of "opposites" or what has been ascribed to the African ethos as syncretism. In this conceptualization, "Something is simultaneously apart and united, divided and undivided" (pp. 26-27). They contended that since the original cultures of Afro-Americans and Euro-Americans have been influenced by one another, in reality, neither group is totally free to perceive itself as all African or European. The state of diunitality would be achieved, they speculated, when "black and white Americans accept the contradictions endemic in their cultural environments as mutually rewarding and mutually relevant" (Nelson, 1975, p. 26). For example, it has been found that Afro-Americans who had a measurable increase in their sense of "Blackness" did not have a decrease in feelings towards Euro-Americans (Toomer, 1975). To use this approach, however, behavior therapists will have to understand that it is incompatible with Plato's concept of "One" (cf. Van Horne, 1975) and is, according to Nelson (1975), unrealistic in terms of the power vested in Euro-Americans and the necessity, therefore, to bring about a

change in perception through an equality of power. Ultimately, therefore, trust of behavior therapy may rest primarily on actions specifically tailored to eradicating barriers placed upon Afro-Americans and not so much through conceptual approaches that are consonant with Afro-American culture (e.g., Jackson, G., 1974a, 1974b; Jackson, G., & Kirschner, 1973).

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